

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FC	R	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE								380.00	OR		760.00
TOTAL CLAIMS $\partial \psi$ minus 20= * $\psi$						ł	X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS							X39=		OR	X78=	234
MU	LTIPLE DEPENI		+130=		OR	+260=					
* If	the difference	_	TOTAL		OR	TOTAL	1066				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	* 24	Minus	** 24	Ξ		X\$ 9=		OR	X\$18=	
MEN	Independent	* 6	Minus	*** 6	=	Ī	X39-		OR	X78=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEPE	ENDENT CLAIM	<u> </u>		+130=		OR	+260=	
				L	TOTAL		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)											
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DWE	Total	· 24	Minus	# 24	=	H	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* 6	Minus	*** &			X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+260=	
						4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
1_		(Column 1)		(Column 2)	(Column 3)				_	· 	
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ M M M	Total	*24	Minus	** ) (	=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	* 6	Minus	***	=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.120		1	+260=	
	If the entry in colu	ımn 1 is less than t	he entry in colur	nn 2, write "0" in c	olumn 3.	. [	+130= TOTAL		OR	TOTA	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Tablest Number											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
-		Total F	e Calculati	ion		
	Fee Cade	Total # Claims	Number Extra	X Fee	Fee ⇒	Total
Park City - C	Sm./Lg.			Sm. Entity	Lg. Entiry	
Basic Filing Fee Total Claims >20	203/103	24.20	- <u>4</u> x		79	
Independent Claims >3	202/102	-6 .3	: 3 x		134	
Mult, Dep Claim Present Surcharge	204/104 205/105				181)	•
English Translation	139				100	
TOTAL FEE CALCULA	ATION					
Fees due upon filing t	he application:					
Total Filing Fees Due	= \$	/(	76			
Less Filing Fees Subm	uiπed - \$					
BALANCE DUE	= \$	11	96			
Office of letters	lug	<del></del>				
Office of Initial Patent	Examination					